



MIKE DeWINE
★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last) Brettrager, (First) Henry (Middle) H		2. Social Security Number [REDACTED]
3. Previous Name(s) or Alias (Last) (First) (Middle)				
4. Birth date (mm/dd/yyyy) 09/14/1964	5. Email Address [REDACTED]		6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City)	(State)	(Zip Code) (County Name)
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name)	(Academy Number)	(Dates of Training)

AGENCY INFORMATION		9. Agency Name Amsterdam Village Police	
10. Agency Email Address AmsterdamPD24@Yahoo.Com		11. Agency Phone Number 740-543-3797	
12. Agency Mailing Address (#/Street/PO Box) 103 Springfield St. PO Box 115		(City) Amsterdam	(Zip Code) (County Name) Oh 43903

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date 1/01/15	14. Status Change Date / /
15. Select New Status ___ Full-Time ___ Part-Time ___ Auxiliary ___ Reserve <input checked="" type="checkbox"/> Special ___ Seasonal			
16. Select New ORC			
___ City Full-Time/Part-Time (737.02)		___ City Auxiliary/Reserve/Special (737.051) ___ City Chief (737.02)	
<input checked="" type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)		___ Village Auxiliary/Reserve (737.161) ___ Village Chief (737.15)	
___ Township Police Officer (505.49)		___ Township Constable (509.01) ___ Other Chief - List ORC/Charter	
___ Other - List ORC/Charter		___ Deputy Sheriff (311.04) ___ Sheriff (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority 	18. Printed Name and Title David F. Climperman Jr. Chief of Police		19. Date 11 / 10 / 2015
20. Signature of Witness 	21. Printed Name (First, Middle, Last) Jack J. Justus		22. Date 11 / 10 / 2015

Officer Name (Last) (First) (Middle) Social Security Number
 Brettrager Henry H. [REDACTED]

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Henry Brettrager
 Signature of Appointee

Gary Pepperling
 Signature of Appointing Authority

Gary Pepperling

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, Village of Amsterdam

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County): Medina County Sheriffs Department	25. From(mm/dd/yyyy): 11 / 07 / 2014	To(mm/dd/yyyy): n/a / / current
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
27. Appointed By (Agency Name and County): Cleveland Clinic Police Department	28. From(mm/dd/yyyy): 10 / 13 / 2001	To(mm/dd/yyyy): 06 / 18 / 2014
29. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
30. Appointed By (Agency Name and County): East Cleveland Police Department	31. From(mm/dd/yyyy): 10 / 01 / 1998	To(mm/dd/yyyy): 01 / 01 / 2001
32. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		